



INSTRUCTOR APPLICATION

Complete and return to: Springfield Township Administration,
c/o Community Classes, 9150 Winton Road, Cincinnati, OH 45231
or fax: 522-1411

Name: _____

Phone Number: _____ Email Address: _____

Home Address: _____

Are you representing a company? Yes No Company Name: _____

Company Address: _____

Company web site: _____

Driver's License Number: _____ State of Issuance: _____

ABOUT THE INSTRUCTOR: Instructor Biography (you may attach additional information):

OTHER PROGRAMS/CLASSES INSTRUCTOR HAS TAUGHT: (you may attach additional sheets if necessary)

| TITLE: | LOCATION: | DATE: |
|---------------|------------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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REFERENCES: Please provide 3 references that we may contact. to inquire about your teaching style and classroom content.

| Name | Relation | Phone Number |
|-------|----------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

NOTE: Springfield Township may require instructors to carry their own liability insurance where possible injury of participants may occur (i.e. exercise, martial arts, use of tools, etc). Do you currently carry liability insurance? Yes No

If yes, please list the name and telephone number of your insurance carrier:

BACKGROUND INVESTIGATION: If a background investigation is required, you will be contacted and asked to consent to a background investigation.

ADMINISTRATIVE USE:

Phone interview/Interview: Yes No If Yes, date of interview: _____

Notes:

References Checked: Yes No

Notes:

Background Check Required: Yes No If yes, Background Investigation Authorization Form Mailed on _____

Class Dates: _____ Times: _____ Room: _____

Instructor Fee: (70%) _____ Springfield Township Retention (30%) _____

Contract Completed _____ Contract Returned _____